Harvard Medical Alumni Bulletin

VOLUME 18, NUMBER 3 APRIL, 1944

THIS BULLETIN MAY BE MAILED FIRST CLASS FOR 9 CENTS TO MEN WHO ARE IN MILITARY SERVICE OUTSIDE THE COUNTRY

MILD DEPRESSION

". . . the most favorable of all psychological disorders for benzedrine therapy."

"Mild depression accompanied by retardation is the most favorable of all psychological disorders for benzedrine therapy. It has been found that these patients may be carried over periods of temporary disability by regular medication."

—GUTTMANN, E. and SARGANT, W.—Brit. Med. Jour., 1:1013, 1937.

With patients suffering from mild depression, there is ample evidence in the literature that Benzedrine Sulfate therapy will often produce some or all of the following effects: (A) Increased mental activity, interest and accessibility. (B) Increased self-assurance, optimism and sense of well-being. (C) Psychomotor stimulation; increased capacity for physical and mental effort.

As with any potent therapeutic agent, Benzedrine Sulfate should be administered under the supervision of the physician. Indications and contraindications are set forth in N. N. R.

BENZEDRINE SULFATE TABLETS

(racemic amphetamine sulfate)

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NUTRITIONAL ANEMIA IN INFANTS

REASONS FOR EARLY FEEDING OF PABLUM (OR PABENA)

1. The infant's initial store of iron is rapidly depleted during the first months of life. (Mackay,[1] Elvehjem[2]). About 30% of the iron freed from the hemoglobin during the first two months is lost, and while hemoglobin destruction takes place, all infants are in negative iron balance. (Jeans,[3] and Usher, et al.[4]).

2. During the early months of life the infant obtains very little iron from milk — 1.44 mg. per day from the average bottle formula of 20 ounces or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt,[5] Jeans[3]). The incidence of nutritional anemia has been found to be high among infants confined largely to a diet of cow's milk. (Davidson, et al.,[6] Usher, et al.,[4] Mackay[1]).

For these reasons and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Strauss,[7] and Gottlieb and Strean[8]), the pediatric trend is constantly toward the addition of iron-containing foods at an early age, both to normal infants and those with pylorospasm. (Neff,[9] Blatt,[10] Brennemann,[11] Monypenny[12]).

THE CHOICE OF THE IRON-CONTAINING FOOD

1. Many foods high in iron actually add very little to the diet because much of the mineral is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 Gm. (Bridges[13]).

2. To be effective, food iron should be soluble. Some foods fairly high in total iron are low in soluble iron. Thus egg yolk and liver have less soluble iron than does farina, which is very low in total iron. (Summerfeldt[14]). Oxalate-containing leafy vegetables are low in soluble iron and appear not to be well utilized as a source of iron by infants. (Kohler, et al.,[15] and Stearns[16]).

3. **Pablum (and Pabena) are high both in total iron (30 mg. per 100 Gm.) and soluble iron (7.8 mg. per 100 Gm.) and can be fed in significant amounts at an early age, without digestive upsets. (Blatt,[10] Monypenny[12]). Clinical studies of sick and well babies have shown Pablum to be of value in raising hemoglobin values (Crimm, et al.,[17] Summerfeldt and Ross[18]), even when egg yolk and spinach were not effective (Stearns[16]).**

Pablum, a palatable mixed cereal food, vitamin and mineral enriched, and cooked thoroughly and dried, consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, powdered beef bone, sodium chloride, alfalfa leaf, brewers' yeast, and reduced iron. (The oatmeal form of Pablum is called Pabena.)

[1-18]Bibliography on request.

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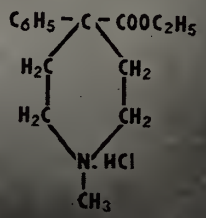

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Volume 18 April, 1944 Number 3

Medical School Notes

A.S.T.P.

The central worry for the Dean's office in the past weeks has concerned the much-publicized but apparently ill-defined plans for retrenchment in the Army Specialized Training Program. This program is now responsible for the premedical, and medical training of approximately 55% of the doctors in the process of education in this country today.

The national program, which includes men in training for commissions in a wide variety of technical fields, has included about 140,000 potential officers. This number has now been cut to 30,000, a 75% reduction which if it hit the medical group would pose a real problem to medical school budgets, and, more important, to the supply of doctors to the Army.

This Damocles' sword hanging over the H.M.S. student has been removed by word from the top to the effect that the medical phase of A.S.T.P. will go on unchanged, as will the premedical college phase. The one issue which remains somewhat clouded is the detailed *modus operandi* by which a college youth of, say, sixteen or seventeen, will shift over from the general to the premedical category in the A.S.T.P.

The Navy Program will continue unchanged.

PSYCHE

At a recent meeting of the Administrative Board an interesting trend in the undergraduate curriculum was forecast.

The situation as regards the frequency of neuro-psychiatric casualties in the Armed Services, while not one which permits of the publication of detailed figures, nevertheless makes it clear that the psychological health of the soldier in or near combat is a prime source of concern to the Army and Navy Medical Corps. Furthermore, it is a phase of his health which the average medical school graduate feels little qualified to take under his care.

For some years, H.M.S. has devoted somewhat fewer hours per week in the third and fourth years to Psychiatry than have various other schools in the country. Therefore the Departments of Medicine, Surgery, and Neurology have jointly recommended that, at least for the present, they give over one month of their fourth year students' time to a clinical clerkship in Psychiatry. This will be available instead of the elective "Third Month" in either Medicine or Surgery.

Professor Solomon plans that this work will be done at the Massachusetts General (on Dr. Cobb's service), at the Boston Psychopathic, the Metropolitan State Hospital in Mattapan, the McLean Hospital, and possibly at the Danvers State Hospital. The emphasis is to be placed on the minor psychoneuroses and functional disorders which give rise to organic symptoms, rather than on the major psychoses.

This increased time spent in a field of growing importance, added to the previous curriculum for the first three years in Psychiatry, may well constitute a change which outlasts the war.

E. W.

A change in the same direction, of modifying clinical training to fit wartime needs, has recently been instituted at the M. G. H. where the fourth year surgical students are given "Ten Nights in the Emergency Ward." This has been the source of much education and bepuzzlement to the students. One of the house officers was recently asked how the students were working out in their new job. He stated that they varied widely in their inclinations and that one of his charges had developed the habit of taking the advice literally when asked in the

wee small hours to look at recently admitted injuries. He staggers in his semisomnolent state to the patient's bedside and with eyes barely held open, views the damage long and lovingly. This procedure being done, he returns to his cot and in the morning disclaims any knowledge of the incident.

POST-WAR

The recent Faculty Meeting was signalized by the gradual emergence of specific plans for the further education of returning Army and Navy Medical officers.

The first concrete step in that direction consists of the establishment of 36 fellowships for a year of study in the Basic Sciences or in the Clinical Research Departments for men who on their return wish to further their training with a full-time academic position in mind. These fellowships will provide stipends in the neighborhood of $1500 to $2500 a year and have as their source the ungranted fellowships which have lain fallow in the war years because of lack of applicants or lack of facilities for their pursuance. In the future the allowances may be increased to include financial assistance for equipment and material, to aid the various departments in which the holders of the fellowships will work.

The next step—not yet achieved—is the establishment of opportunities for those who on their return wish more clinical training with the objective of resuming practice.

The undergraduate phase of training for those returning from the battlefronts is already specifically planned. The College has indicated its willingness to take on men for irregular periods at odd times of year (i.e. on discharge from the Army) for accelerated premedical work so they can finish their admission requirements. H.M.S will then facilitate matters by making clear to such men that they are admitted to the School (contingent on maintaining a certain academic average) so that they may enter their premedical work with some certainty as to their future.

T.B.

Readers of this department may recall that in the last issue a Brigham C.P.C. was described, one of the purposes of which was to stress the ever-present and omnipresent threat of tuberculosis to the doctor. Lewis W. Kane, now in charge of Student Health, has recently gleaned some figures from the archives which amply support this view and provide considerable food for thought.

It seems that from 1926 to 1932, among 945 students, there were 8 cases of Tb. which developed while the men were at H.M.S. This is an incidence of 0.84%. During the ensuing 11 years a much more active case finding system was instituted. From 1933 to 1937 admission x-rays and tuberculin tests were required; and from 1937 to 1942, annual x-rays and tuberculin tests were made compulsory. In this eleven-year period 29 cases were discovered—more than twice the incidence or 2.14%. This routine stressed annual x-rays of all the men who changed from tuberculin-negative to tuberculin-positive while under observation.

Clinical material is available on only 22 of these 37 cases, and an analysis shows that 15 were tuberculin-positive on admission and only 7 of the 22 men were negative. Of the 15 tuberculin-positives, 3 had active lesions on their admission x-ray leaving 12 positives and 7 negatives to develop new lesions during medical school.

In other words the concept that a positive tuberculin test is "insurance" against the disease is patently false at least for this group.

Almost 50% of these cases occurred in the third year (the year of first heavy clinical contact with Tb.), and yet the annual "attack rate" judged by a negative-positive tuberculin shift is an even 12% for each of the four years, again suggesting that tuberculin positivity alone

little affected the development of clinical lesions.

With the available material it was possible to classify the extent and intensity of the lesions in only 19 of the 22 cases. Seven were minor lesions and 12 were major. Of the 7 minor lesion group only one required sanatorium care but in the major lesion group of 12, 10 required sanatorium care averaging two years and 3 failed to return to school at all. Of the 10 cases detected by the development of symptoms all were major. Of the 8 picked up by routine x-ray all but one were minor. Two students developed symptoms within a year after being found negative in the annual retesting and two developed symptoms within a year after reversing their tuberculin tests. This all adds up to the fact that if you are going to be found to have Tb. you had better have it discovered by a routine plate and not by clinical diagnosis. Furthermore, yearly x- rays are too far apart to pick up very early cases. On the basis of this study, the new routine as instituted in 1943 is a follows:

1. Semi-annual tuberculin tests.
2. Chest plates every 3 months for the first year and every 6 months thereafter on all negative reactors who become positive.
3. Semi-annual chest plates on all tuberculin-positives.

MUMPS

Lewis W. Kane working with John Enders and the Measles and Mumps Commission of the War Department has unearthed some interesting facts about mumps.

Using an antigen made by Ender's group, two-thirds of the medical students are found on testing to be presumably immune to mumps and one-third susceptible. One-half of the immune group have a clear-cut history of parotitis. However, of all those giving a history of mumps in the past, 98% are positive reactors. In other words, half of the immunes have suffered an apparent infection. Therefore failure to have had clinical mumps does not mean that one will necessarily get it.

The whole subject is of especial interest now because of the nasty nature of adult mumps, which in a recent epidemic of 1600 cases at an Army camp, showed a 20% incidence of orchitis. Those that have suffered the latter complication state emphatically that it is to be assiduously avoided if possible, and those who have seen the post-orchitis atrophy aver that they agree.

The mumps antigen is made of monkey parotid and your correspondent cannot avoid the obvious observation that these monkey glands are a lot more effective than the other kind.

CURTAINS

In 1867 a group of forward-looking citizens, bent on the improvement of dentistry in this country, founded the Harvard Dental School. On March 23, 1944, 38 men were graduated from that School in its final commencement, ending the career of the School.

On March 31 the empty niche in dental research and education was filled by the emergence of the Harvard School of Dental Medicine. This institution, founded like its ancestor with the object of improving dentistry in this country, will carry forward the work of its deceased antecedent in the form of a four-year course leading to the degree of D.M.D. and given in close conjunction and cooperation with the Medical School.

SPRING FASHION NOTE

After 16 years in the familiar black-on-white-garb, your BULLETIN herewith sheds its skin and emerges fully clad from the head of . . . (*Ed. Note*: The metaphor was blocked just in time and we went to press, happily, without any scrambled mythology.)

The Harvard Hospital of the Southwest Pacific

John L. Newell, '30

This is an account of a Harvard General Hospital written by a former member, now in this country. The intention is to give some information which may be of interest to those in the medical profession here, without divulging anything of military value. The writer hopes this point will be borne in mind if any readers find this narrative lacking in facts, details and statistics.

In February 1942 eighteen officers of one of the General Hospitals then already formed were detached from that Unit and placed in the Surgeon General's pool at the Army Medical Center. Finding themselves in this unhappy predicament, the officers delegated their ranking officer, then Major and now Colonel Thorndike, to present to the Surgean General the idea that these officers might be used as a nucleus for a new general hospital. Furthermore, they were convinced they would be able to recruit from their friends, still in civilian practice, the requisite number of officers to complete the table of organization. The idea was received favorably and Colonel Thorndike was ordered to Boston to carry out this plan.

Those who remained in Washington received valuable training in army medicine on the wards of the Walter Reed Hospital and in the classrooms of the Army Medical School. In addition they kept the wires hot contacting prospective officers.

It was during these days of uncertainty in Washington that real and lasting friendships were formed among the officers so that a unity of interest and purpose resulted which was to be a vital factor in the happiness and achievements of the Unit in days to come. In order that the military angle should not be neglected, Lt. Col. Cave, much to his delight, saw to it that the best golfing afternoons were spent in close order drill. In the final analysis it was the personality and leadership of Colonel Thorndike which brought the Unit into being.

As might be expected the group of new officers, with three exceptions, were either graduates of or affiliated with the Harvard Medical School. Thus, when the Unit sailed for Australia, in May 1942, it represented the largest group of Harvard doctors to go overseas as a general hospital and became known in the Southwest Pacific as "The Harvard Unit".

The Unit was exceptionally fortunate to have Colonel Raymond O. Dart assigned as its commanding officer. Colonel Dart, a regular army officer and competent pathologist, was placed in command just two days before the Unit sailed. His wide military and medical experience enabled him to assign his officers to the positions for which they were best qualified, based on their abilities and personalities, and thus he insured the smooth functioning of the administrative and supply departments. Be it to his credit that he realized from the beginning that his officers were novices. By his subtle program of education he gradually transformed a group of individual practitioners into officers of the Medical Corps.

The Pacific crossing was uneventful and was made in remarkably fast time. For many of us it was the first contact with the navy and with a navy ship. We were tremendously impressed by both. Crossing the "line" was celebrated with due ceremony. One morning land was sighted and by noon the ship docked in a beautiful harbor. The officers were allowed ashore for dinner. Arthur Pier distinguished himself by consuming, at one sitting, two quarts of ice cream and the same quantity of milk, much to the

amazement of the local inhabitants. It so happened that many of our navy friends were located at this same port but neither we nor they were aware of the others' existence. A few days later the ship passed through the headlands of a large bay and soon tied up at a port in Australia.

As we arrived shortly after the battle of the Coral Sea, the Australians were genuinely glad to see us. We camped in a park on the outskirts of one of the larger cities for two weeks after disembarking and had ample opportunity to enjoy their hospitality. This was shown by all members of society, from the tram conductors who refused to collect fares from Americans, to the several clubs which opened their doors to the officers.

The next move was a railway trip of some 1300 miles in day coaches which was rather a hardship because of mid-winter cold and the difficulty of sleeping on bare wooden seats. One interesting feature of this trip was the method of serving meals. Several times a day, approximately at meal times, the train would stop at a station and there on the platform, in the open air, were long tables on sawhorses. At these tables the men were served by ladies of the Australian Auxiliary groups. The unvarying menu was lamb or mutton and tea.

Much the worse for wear from lack of sleep plus the inevitable "crud" which resulted from the exposure and cold the Unit arrived in the vicinity of its present location. The next two weeks were uneventful save for the fact that many of the men were hospitalized for short periods of time for upper respiratory infections. It was during this time that one of the officers known as "The Luxury Loving Major" escaped from his hospital bed and was found several days later esconced in luxurious accommodations at a Club in a nearby city. This Club later became the rendezvous of the officers whenever they were fortunate enough to have "official business" which necessitated their presence in the city.

Before long the permanent location of the hospital was selected. We moved in to find ourselves in the center of a large valley surrounded by mountains and located on a flat hill of some eighty acres. The property was leased from an agricultural college so that there were many buildings available. The college had been organized on the house plan and the various houses were used as quarters for the officers and nurses, while the classrooms were converted to wards and the surgery. There was also a large mess hall, an administration building and a combination of chapel and recreation hall which was used for movies, dances and religious services. For the most part the buildings were one storied affairs, built six to eight feet off the ground to permit better ventilation. The roofs were corrugated iron from which all the drinking water was collected. These buildings were grouped around a campus which was well landscaped and contained many types of palm trees. In addition to these were poinciana and jacaranda trees, many flowering vines and shrubs, bougainvillea, poinsettias and hibiscus, to mention a few. The new wards were constructed on regulation Army design and were connected with the aforementioned buildings by ramps.

A railroad siding one mile away and reached by a hard surfaced road lined with palm trees, permitted hospital trains easy access. In addition to the new wards, separate buildings to house the Red Cross, physiotherapy department, post exchange, pharmacy, pathological laboratory, post office, patients' and enlisted men's mess, motor pool, medical supply and numerous warehouses were constructed. There was also a new surgery. The detachment lived in tents with wooden floors and heated by stoves.

As the population of the post increased, the water supply from the river became inadequate, especially during the dry season and, therefore, it was necessary to drive wells in the surrounding country. An elaborate sewage disposal plant was constructed as well as a large central heating

plant to provide steam and hot water. Until then a hot shower was a luxury as the three messes were without adequate steam and hot water. By the time the construction was finished the post resembled a small city, complete in all departments.

In the beginning the patients were comparatively few in number and their illnesses were limited to those which a group of young men would be subject to while living in staging areas. However, when the Army began fighting in New Guinea the census of the hospital increased by leaps and bounds. The surgical service admitted many cases with gun shot and shrapnel wounds often complicated with compound fractures, and the medical services treated malaria, dysentery, hookworm, scrub typhus and dermatitis as well as neuro-psychiatric cases. Almost without exception the wounded arrived at the hospital in good condition, having been flown from New Guinea to Australia and arriving at our hospital by train. The genito-urinary section comprised an active part of the surgical service. Major Hartwell Harrison on his own initiative constructed two fever therapy cabinets. As there was no penicillin available at the time, this was the only method available for treating gonorrhea which failed to respond to chemo-therapy. It is to Major Harrison's credit that he treated over 300 cases successfully and thereby returned these men to active duty who otherwise would have been invalided back to the United States.

As time went on the Unit settled into the routine with various adjustments in administrative details. The two portable hospitals, comprising four officers and twenty-five men each, were detached for service during the Buna campaign. Colonel Dart was made Base Section Surgeon and later became Surgeon for the Advanced Base. Colonel Thorndike became C. O. of the hospital. There were promotions all along the line. Gene Eppinger and Al Coons spent some time in New Guinea investigating a disease all too prevalant in the tropics. It proved to be an exciting and worthwhile junket.

At the hospital it was found that men discharged to active duty, although well, were not physically and mentally prepared to assume the work required of them at the replacement centers. A reconditioning area was established under the able direction of Neil Swinton.

As might be expected the census of the hospital varied with the amount of combat in New Guinea and the number of troops staged in the area. There were many times when work was light and we were fortunate to have tennis courts at the post. In addition badminton and volley ball were popular. Many of the officers, nurses and men owned bicycles and spent the late afternoons covering the surrounding countryside. Short leaves were permitted and it was possible to reach the seashore where the finest surfing in Australia was available. Not far distant from the post was an excellent golf course perched high on an escarpment overlooking the valley in which the hospital was located. Myles Baker, George Austin and Tom Botsford became well known on this course, not only for the quality of the golf they exhibited, but also for the stimulants they required during and after play.

This relates briefly some of the high points of the first eigheeen months of the hospital. Since I left the Unit many promotions have taken place and some of the officers have been detached to assume positions of greater responsibility. To list a few: Colonel Thorndike has been recalled to the United States for special duty at the Surgeon General's office; Lieut. Col Cave is now the C. O. of the Unit; Lieut. Col. Sheldon is C. O. of a Station Hospital in New Guinea. "The Portables" are out again, Lieut. Col. Eppinger and Major Marks are temporarily detached for special duty in the Advanced Base, and Major Henry Clifford has been made Chief of Medicine in a Station Hospital. In spite of these losses a recent communication indicated that the Hospital continues to carry on as before and with an increasing census.

Undergraduate Research

René J. Dubos

Editor's Note: Prof. Dubos' address to the Medical Students participating in the Undergraduate Research Assembly is the first of a series of three notable addresses recently delivered by graduates and faculty of the Medical School. The other two addresses follow on the succeeding pages of this issue of the Bulletin.

When in 1857 Claude Bernard took possession of the Chair of Medicine at the Collège de France, he remarked to his students: "Gentlemen, the medicine which it would be my duty to teach you does not exist." He was referring, of course, to his conviction that rational medicine should be based on an understanding of the physiology of normal and pathological processes. The medical student of today is in a more fortunate situation. Whatever the progress of medical science, it will be built on the scientific principles of permanent value which you have been taught here. It is not too rash to state, however, that much of the medicine which you will practice does not exist as yet; it will be born and will grow in the experimental clinics and the laboratories after you have left the School. Of course, you will be kept informed of medical progress by general articles in the special journals and even more perhaps, and unfortunately, through the pamphlets and disguised advertisements with which the drug firms will flood your office. Facts and statements will indeed reach you, but what will be much more difficult to acquire is the critical judgment necessary to evaluate them.

It is, I believe, in the development of a more critical judgment that we may find the first justification for your association with experimental clinics and laboratories during your student years. By this contact you can learn that the investigator is compelled, by the very nature of the experimental method, to select the material —human or experimental animals—of his tests and the conditions under which he makes his observations. A new discovery and a new fact is true only for these very narrow ranges of conditions but needs to be reconsidered in terms of the realities of everyday life before it can be used in practice. Any student who has had even casual dealings with a research group interested in nutrition will know that biotin and panthothenic acid, for instance, are indeed essential vitamins, but he will also appreciate that to establish their essential nature the experimenter had to work under artificial conditions most unlikely to occur in human life.

The progress of medical science will depend, of course, upon the willingness of a few of you to contribute to it. By sharing in our labors, even for a few hours a week, you will have noticed that spectacular discoveries, those which reach the public and the hospital ward, are rarely made. You will have learned that although ability, knowledge and devotion always lead to the performance of good scientific work, the gods are very capricious in selecting those to whom is given the obvious, if somewhat less aesthetic, excitement of making a discovery with immediate practical application. If it is in your nature, therefore, to become restless and dissatisfied unless you achieve something "practical," do not join us,—the chances of achieving that sort of success are too small. But let me assure you that experimental science provides other satisfactions. It is one of the last fields of exploration and adventure left open to man; the discovery of the unseen and unknown world is indeed an exciting pursuit even though it leads often to lonely pastures.

The Doctor as Medical Officer in the Armed Forces

Lt. Col. Hermann L. Blumgart, '21

It is good to return to this Headquarters after almost a year in the Army. I am particularly happy to be here while you are still at medical school, and as you are about to embark on your careers as officers in the Army and Navy. I congratulate you upon your completion of your medical "basic training", and shall attempt to give you some of my impressions of the life that lies ahead of you. I confess I have often wished to be back with you, for I understand these past months have been the golden age for the faculty. Students are said to address all faculty members now as "sir"—at least most students. An hour ago, as I was about to enter the main Administration Building, a Private First Class greeted me by standing stiffly at attention, saluted and then said, "Hello, Doctor Blumgart." Also I hear now that reveille is at 7.15 A.M., students wake up before, rather than during, the 8.30 Monday morning lectures.

What are the responsibilities, what are the opportunities of the life you are about to enter? What are the satisfactions, what are the rewards, and what are some of the pitfalls? I confess I do not know all of the answers. But I travel continually from camp to camp, and visit many hospitals. My tours of duty also include Reception Centers, Hospital Dispensaries, Induction Stations, Prisons and Rehabilitation Centers. I spend many evenings in the barracks sitting about with Medical Officers, some on their way overseas, others recently returned from battle. It is a privilege and a rewarding experience.

Your advancement and recognition in school, in college, and in medical school were attained through individual competition. During these past years, we have, perhaps, been all too prone to think of ourselves as individuals in an individualistic society—as physicians to individuals in the doctor-patient relationship. The fact that we were physicians, not merely to the individual, but to society as a whole, had not fully permeated our consciousness. But the will of the dictators to enslave mankind by a military machine and to deny us the right to govern ourselves by law and justice has altered our perspective and has defined our mission. That mission is—to *serve*. But, "to fight out a war you must believe something and want something with all your might. So must you do to carry anything else to an end worth reaching. More than that, you must be willing to commit yourself to a course, perhaps a long and hard one, without being able to foresee exactly where you will come out. All that is required of you is that you should go somewhither as hard as ever you can. The rest belongs to fate . . . I think that, as life is action and passion, it is required of a man that he should share the passion and action of his time at peril of being judged not to have lived."

These were the words of Justice Oliver Wendell Holmes, the distinguished son of the Parkman Professor of Anatomy and Physiology, on a Memorial Day after the close of the Civil War.[1]

In the first place, then, one must know for what one fights. The issue in this war is clear. Quite simply—we are fighting for our very existence. And with an unbreakable determination that victory shall provide a better world and restore the values we cherish.

In the second place, one must clearly know one's objective—one's duty. It is to

Ed. Note: Commencement address to members of the graduating class of Harvard Medical School on receiving their degrees of M.D. and their commissions in the Army or Navy, December 22, 1943.

follow, and to care for the soldiers wherever they may be or whatever hazards they may risk. Line troops without medical support are likely to be demoralized. In time of peace, only life itself is more important than health. In time of war, health is equivalent to life. No nation can survive if its fighting forces are immobilized by disease, or if its civilian population is paralyzed by infections.

Thus, each of us, whether in or out of uniform, plays his inevitably small role in the vast total war effort:—the essential practitioners, the medical faculties which have trained you, and the hospital staffs in rural and industrial communities. All share in pitting the art of healing and the conservation of health and life against the calculated tactics of destruction of the enemy.

The majority of medical officers, after varying periods of adjustment, realize the opportunities for service in the Army, and feel privileged to be "a representative of humanity" in the current challenge to its ideals and test of its courage. To do this requires more than the narrow concept of accurate diagnosis and text-book medicinal therapy. We, physicians, realize that the medical profession has always been the privileged servant of society, keeping it fit and at maximum efficiency for the task it has set for itself. To us is given the privilege and destiny of serving the vital manpower. It is our great responsibility and our great opportunity.

And so we are still doctors—doctors with a multitude of patients, suffering from almost every disease known to man. Our troops circle the earth from the wastes of the Arctic to the infested jungles of the tropics. On November 1, 1940, in an address before the National Institute of Health, President Roosevelt emphasized that this nation is less than a day by plane from the jungle type of yellow fever of South America, less than two days from the sleeping sickness of equatorial Africa, and less than three days from cholera and bubonic plague. Certain areas, such as the Southwest Pacific, are so heavily infested with disease as to make human life hardly endurable. The continuous monotony of tropical rains, the excessive humidity, disease-carrying mosquitoes, flies and other insects constitute a hazard equal to that of the enemy. The medical challenge of this war inevitably exceeds our competence. As with life in general, the grasp is less than the reach.

But the ingenuity and enterprise with which medical officers surmount new and exacting problems are extraordinary. The emphasis on the fundamental principles during your training here at Medical School will stand you in good stead. Your basic knowledge will guide you through many an intricate and perplexing situation when you must chop your way through unknown forests solely by the compass.

No factual knowledge gained during medical school or your forthcoming internship is likely to prove useless. Regardless of where you are to be stationed, a knowledge of tropical diseases will be indispensable. Because of the migration of troops, within our country, diseases formerly regarded as peculiar to certain localities, such as coccidioidomycosis, hookworm, Rocky Mountain Spotted Fever and malaria, are now seen elsewhere. The sustained effort and emotional stress of warfare may precipitate in men under thirty years of age, conditions such as cardiac pain and myocardial infarction, which are commonly seen in civilian life only during the later years. Such dermatologic and orthopedic skill as you possess will be put to continual use. There is hardly a medical or surgical condition which you will not encounter or be forced to consider in differential diagnosis. If diagnostic accuracy is to be combined with truth, in the Army and Navy, perhaps even more than in civilian life, the psychological component of the illness must be thoroughly understood and clearly evaluated.

Your equipment will be the utmost that the devotion and skill of this country can supply:—X-Ray field units with power supplied by portable generators, an ample

armentarium of drugs and plasma, rapid transport by aeroambulance, and even transmission of medical literature to you by microfilms. There will be many occasions, however, when in the words of Major General T. A. Terry,[2] "We must all do more than could reasonably be expected of us with the means at hand." Supporting you will be the admirably efficient organization of the Army, patiently planned and fashioned during the years of peace by the unheralded medical experts of the Services of Supply. Nor need you be apprehensive regarding the Army and Navy regulations, the so called "red tape". The general principles contained therein will be valuable guide posts. At first they may irk and irritate. If not comprehended clearly, they may even enslave you. But once understood, you will observe that they permit, and indeed encourage, wise independent action within appropriately broad limits.

It is not enough that you be a wise physician. For you are also an officer in the Armed Forces. What are your responsabilities as Army and Naval Officers? You will command varying numbers of soldiers of the Medical Detachment, and you will be the Army, as well as the medical guardian of your patients. Professional skill will prove useless and organization already accomplished may fall apart for lack of leadership. The British emphasize the importance of leadership by saying "there are no bad soldiers, there are only bad officers." A definite relation has been observed in various battalions of the British Army between the incidence of the neuroses and the type of officers in charge. A given morbidity rate can be moved from battalion to battalion along with the transfer of certain officers.

The maintenance of morale has the same relation to mental and emotional breakdown that preventive medicine has to tetanus and typhoid.[3] [4] Most men regard fear and cowardice as identical. When a soldier experiences fear he may immediately believe himself a coward and his self-respect may be diminished. He then fears fear. He is afraid of failure, afraid that he will exhibit his fears to his comrades. Every man experiences fear when his life is endangered. The difference between the greatest hero and the most abject coward may lie in how he handles fear—how it affects his conduct. For fear is an emotion; cowardice is behavior.

What are the ingredients of that precious intangible stuff called leadership? It escapes quantitative measurement or definition; but there are certain indispensable attributes without which it can scarcely be said to exist. The Medical Officer must have self-reliance. He must take careful stock of himself and know his liabilities and his assets. His faith in the common cause and in the task to be performed must communicate itself to his men, thereby creating confidence in his leadership. The welfare of his men, as of his patients, must always take precedence over all else. He must know their anxieties, their hopes, their fears. In short, he must know them as persons. Encouragement and soberly placed commendation for a task well done are as necessary as rebuke for failure, or discipline for negligence. Such an officer certainly reaps his own reward. I have seen medical officers working terribly alone, without recognition, without adequate assistance, without companionship, but sublimely proud of the service they were privileged to perform for their patients and of the devotion of their enlisted men.

Although your post-graduate training will be different from that which you had planned, your opportunities are great, if rightly understood, and properly utilized. As you live with your men and your patients in this crisis of their lives, your understanding will surpass your years. To quote the Surgeon General,[5] "the human relationship of the doctor, patient and family cannot be laid aside with the donning of the uniform." Your medical duties will probably not permit intensive specialization. You will, however, as physi-

cian to a community of individuals, practice preventive as well as curative medicine—a type of practice which may well prove excellent preparation for medical careers in the post-war era. Whatever your assigned duties, after all you will be practicing medicine and therefore be more fortunate than many of your contemporaries whose skills cannot be so directly applied. Some of you will be in Station or General Hospitals, here or overseas, where your responsibilities will be quite similar to those of residencies in a civilian hospital taking care of patients under the guidance of senior officers. You will find the facilities and the general level of medical care comparable to our better civilian hospitals. And I can assure you of a rich and varied clinical experience. Others eventually will be assigned to medical units which are part of the tactical structure of a regiment, division, corps or field army. To operate such a unit efficiently, knowledge of sanitation, hygiene and the proper tactical employment of such a unit in the field are essential.

Throughout the services, the assignment of officers to the work in which they will be most efficient has been increasingly successful. The utilization of non-medical personnel for medical administration work has enabled physicians to concentrate their efforts on professional work. And so—if you will but give yourselves to the task, you will emerge from these war years with broad experience, a widened perspective, and that sound, practical, clinical judgment which constitute the surest of all foundations for further development.

What then are the chief attributes to which the physician must aspire as an Army or Naval officer? I should say three. He must be a leader of men. He must be a counsellor of men. Above all, in the fullest and noblest sense of the term, he must be a physician. It will be said of such an officer, as in the legend of Ambroise Paré[6] when he appeared before Metz and marched among the soldiers of Charles V—"We have no longer any fear to die, even if we should be wounded, Paré, our friend is among us."

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The Harvey Cushing General Hospital

John F. Fulton, '27

Some years ago, Dr. Cushing, for whom this institution is named, gave an address entitled *The Personality of a Hospital.** The occasion was the centennial of a sister institution of this state, the Massachusetts General Hospital—the "M. G. H."—but the remarks made then apply quite as well now. "Many of us," he said, "have known hospitals under perishable and tattered canvas which possessed an individuality, character and spirit often found lacking in others encased in a more enduring shell of brick and mortar. . . . So it is not the externals nor the inherited wealth, social position or occupation of an institution, any more than of an individual, which give it renown,—it is the character of the service it performs."

The reference to perishable and tattered canvas stems from a wide knowledge of military hospitals and surgery, for Dr. Cushing had come from a long line of physicians, many of whom at one time or another had served in the armed forces. Matthew Cushing, his ancestor, had come to this country from England in 1638. Matthew begat John, from John came Matthew the 2nd; then Josiah, who was followed by the two Davids, and Dr. David Cushing, Jr., physician of Rehoboth, Massachusetts, and father of Erastus, saw apprentice service during the War of the Revolution. Erastus, aged 10 during the war of 1812, found himself in Cleveland in 1835 as physician and head of a flourishing family. Henry Kirke, his eldest son, the father of Harvey, acted as chief surgeon to the 7th Regiment of Ohio Militia and was on active duty for the Northern Armies for four years; he cared for the wounded in many major battles, including Gettysburg.

With this vigorous American background it was little wonder that Harvey, the 10th and youngest child of Henry Kirke Cushing by his wife, Betsey Williams, should have plunged into war activity once opportunity presented itself. Although much disappointed in 1899 because Dr. Simon Flexner had not taken him to the Philippines, early in 1915, as you are aware from the moving tributes of General Miles and General Rankin, Cushing organized a Harvard Unit and promptly took it abroad to serve with the American Hospital in Paris. In May 1917, after we had come into the war, he was appointed Director of Army Base Hospital No. 5, which served in France for nearly two years.

Dr. Cushing proved a dynamic force wherever he moved. His temperament, at times stormy, was also capable of infinite patience, but when he wished something done he was a man of persistence and unyielding determination. As a soldier from civil life he retained a quaint disregard for authority and he never quite accustomed himself to the use of military "channels", but despite this he managed to emerge without being court-martialed, nor yet was he made Surgeon-General; both contingencies, however, were at one time in the realm of possibility.

I cannot describe Dr. Cushing's many contributions to medicine and surgery. He did much to extend our understanding of wartime injuries of the head—cranial wound ballistics, as we describe it. He also proved that if a man has energy, curiosity and a driving desire to help the wounded, it is possible, even when under fire, to make scientific contributions of the

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Editor's Note: An address delivered by John F. Fulton, Sterling Professor of Physiology at Yale University, on the occasion of the dedication of the Harvey Cushing General Hospital at Framingham, Mass., January 24, 1944.

*Cushing, Harvey, The Personality of a Hospital. Ether Day Address—Massachusetts General Hospital. October 18, 1921. *Boston Med. Surg. J.*, Nov. 3, 1921, *185*: 529-536. Reprinted in book form, Boston, 1930, 40 pp.)

first water. As with Vesalius, Ambrose Paré and Weir Mitchell, war became a stimulus rather than a deterrent to positive achievement. One has only to enumerate his introduction of the use of suction in neurosurgical procedures, his employment of the magnet for withdrawing deeply imbedded shell fragments, the silver clip for hemostasis, not to mention a host of other less dramatic procedures which together served to convert wartime surgery of the head from a horror into one of the most fruitful and gratifying of all branches of traumatic surgery.

Constantly striving for improved methods of hemostasis, he was led, some years after the last war, to introduce electrosurgical methods for ablation of vascular tumors; and today the coagulating- and cutting-current units are standard equipment in every large civilian and military American operating room. How fascinated and gratified Dr. Cushing would have been could he have known that his pupils in this war, following in his tradition, have similarly been inspired to positive achievement. Eagerly would he have read Hugh Cairns and Howard Florey's epic report* on the use of penicillin in the campaign in Sicily, particularly as it was applied in dealing with head injuries; and more recently, he would have heartily welcomed the discovery of Franc Ingraham and Orville Bailey** that fibrin foam, a bi-product of Edwin Cohn's masterly separation of the various blood proteins for purposes of transfusion, can be used with dramatic effectiveness as a hemostatic agent both in neurological and general surgery, and also in dental surgery. A war that brings such things to the fore cannot have been fought in vain.

The personnel of our Armed Services has gone forward in this spirit, and the subtle influence which Harvey Cushing exerted upon the whole medical profession finds expression today in the atmosphere and personality which you, Sir [turning to Colonel Noyes] have already made so evident in this hospital. Completed nine months after it was first started, the Harvard Cushing General Hospital has already taken upon itself qualities distinctly human, not only in matters of time sequence, but in the spirit and achievements of its staff. The turbulent prenatal period of the Institution was presided over by men who had a burning pride in their work. Indeed it would seem that Colonel Gillette and his colleagues of the Turner Construction Company wished to outdo Mother Nature and to have their brain-child precipitated, as it were, into Colonel Noyes' lap before he or his staff were ready for the delivery. The engineers and contractors who have performed this remarkable feat have shown the world that we in medicine are perhaps too conventional in our thinking—too hemmed in by our own biological concepts: From them we gain a new and vigorous point of view, which has characterized this and much else they have achieved in this war.

It is perhaps not known to many of you that Harvey Cushing, the surgeon, had once considered becoming an architect. From early childhood he had shown remarkable talents as a draughtsman, and during his years at Yale College, his closest friend was Grosvenor Atterbury, the well-known architect, who, exactly fifty years later, built at Yale the handsome Medical Library which now houses Dr. Cushing's great collections. Few therefore could have appreciated more than Cushing the miracle that has been wrought in erecting buildings of this size

*Florey, H. W., and Cairns, Hugh (Brigadier, R.A.M.C.). Investigation of war wounds. Penicillin. A preliminary report to the War Office and the Medical Research Council on investigations concerning the use of penicillin in war wounds. [London] War Office (A.M.D. 7). October, 1943. 144 pp. [Not yet available for general distribution.]

**Ingraham, Franc, and Bailey, Orville T. The use of products prepared from human fibrinogen and human thrombin in neurosurgery. Fibrin foams as hemostatic agents: fibrin films in repair in dural defects and in prevention of meningocerebral adhesions. *J. Neurosurg.*, 1944, *1*: (in press).

and quality in the brief interval necessitated by an urgent military time-table; and in the light of Dr. Cushing's own wartime experience as a surgeon,—for he knew well hospitals of "perishable and tattered canvas", as well as those having a "more enduring shell of brick and mortar"—he would have appreciated particularly the dignified spirit of co-operation and service which Colonel Noyes has instilled into his entire staff, the hall-mark that gives to a hospital its individuality.

In coming here today, I have wished to set down something characteristic of Dr. Cushing himself. What would he have said or done in dedicating a hospital named for one of his former teachers? He would have inspected the operating rooms and the wards; he would have scrutinized the case histories, and no doubt would have made some lively comment on the record forms—his chief *bête noire* in the last war. Having explored these things, he would perhaps then have looked about for a library, for men cannot do effective work in any profession without access to books. Since Cushing himself was a voluminous writer, and since this hospital is to bear his name, I am authorized to carry the greetings of Yale University, Dr. Cushing's *alma mater,* and also to present to your Hospital as a gift from the University through its Medical Library, a collection of Dr. Cushing's published writings, including reprints of his papers, the originals of his many surgical monographs, and his literary essays. An attempt has been made to assemble as complete a collection as possible, and it is hoped that these may form the nucleus of an active Hospital Library.

In closing, I can only congratulate the Surgeons General of the Army, James Magee and his successor, Norman Kirk, and the distinguished men of their command, on thus adding to an already most illustrious record of achievement in this war,—adding to it the Harvey Cushing General Hospital of Framingham. I would also congratulate Colonels Gillette and Noyes upon the conspicuous parts which they have played in creating this hospital. In the name of the American medical profession, and particularly of those who were fortunate enough to have been Harvey Cushing's pupils, I wish Colonel Noyes and his staff health and Godspeed in the days that lie ahead.

ANNUAL MEETING

The Annual Meeting and Dinner of the Harvard Medical Alumni Association will be held at the University Club, 76 East Monroe Street, Chicago, Wednesday evening, June 14, in association with the meeting of the American Medical Association. Cocktails will be served at 6 P.M. and the dinner is scheduled for 7 P.M. No formal speeches will be arranged but we will have several informal talks by outstanding graduates of the Medical School. Owing to the difficulty in securing adequate quantities of food and adequate help in serving it, it is extremely important that you make your dinner reservations early. Reply postcards will be sent out about the 15th of May.

★ *Military News* ★

The following list brings the Harvard Medical School graduates in the service up to 1541. The * denotes change of rank or station. The Alumni Office would appreciate additions or corrections.

1913

*Lt. Col. George P. Denny, Army, 1st Serv. Com. Hq., Boston, Mass.
*Col. Edward T. Wentworth, Army, A.P.O. 137, New York, N. Y.

1915

*Lt. Col. Sydney V. Kibby, Army, 340 Board of Trade Bldg., Kansas City, Mo.

1916

*Col. Thomas H. Lanman, Army, A.P.O. 507, New York, N. Y.

1917

Lt. Comdr. Edwin P. Bugbee, Navy, F.P.O., San Francisco, Calif.
*Capt. Arthur H. Dearing, Navy, F.P.O., San Francisco, Calif.
*Capt. Rollo W. Hutchinson, Navy, Bureau of Medicine & Surgery, Washington, D. C.
*Major Monroe A. McIver, Army, A.P.O. 424, New York, N. Y.
Major Nathan Rosenberg, Army, U. S. Veterans Admin., Togus, Me.

1918

*Comdr. Albert S. Hyman, Navy, F.P.O., San Francisco, Calif.

1919

Lt. Comdr. Wallace R. Briggs, Navy, F.P.O., San Francisco, Calif.
*Col. John Minor, Army, Woodrow Wilson Gen. Hosp., Staunton, Va.
*Comdr. Bartlett C. Shackford, Navy, San Bruno, Calif.
*Major Francis H. Straus, Army, A.P.O. 9128, San Francisco, Calif.

1920

Lt. Col. William E. Brown, Army, Army Medical School, Washington, D. C.
*Col. Edward D. Churchill, Army, A.P.O. 512, New York, N. Y.

1921

Comdr. William K. Livingston, Navy, U. S. Naval Hosp., Oak Knoll, Calif.
*Lt. Col. Richard H. Meade, Jr., Army, Kennedy Gen. Hosp., Memphis, Tenn.
*Comdr. Harold R. Merwarth, Navy, U. S. Naval Hosp., Brooklyn, N. Y.
Major Robert M. Sutton, Army, A.P.O. 230, New York, N. Y.
*Comdr. Horatio B. Sweetser, Jr., Navy, F.P.O., San Francisco, Calif.

1922

*Comdr. Charles J. Armstrong, Navy, Naval Hosp., Charleston, S. C.
*Major Edward T. Evans, Army, A.P.O. 363, New York, N. Y.
*Major Robert L. Mason, Army, Cushing Gen. Hosp., Framingham, Mass.
*Lt. Comdr. Herbert W. Salter, Navy, N.T.S. Diesel School, Cleveland, O.
*Lt. Comdr. Edward C. Smith, Navy, Navy 115, Div. 4, F.P.O., New York, N. Y.
*Capt. Howard B. Sprague, Navy, U. S. Naval Hosp., St. Albans, L. I., N. Y.

1923

*Lt. Col. Clarence E. Bird, Army, Borden Gen. Hosp., Chickasha, Okla.
*Lt. Comdr. William P. Davis, Navy, Naval Air Sta., Quonset, R. I.
*Comdr. Stuart N. Gardner, Navy, F.P.O., San Francisco, Calif.
*Comdr. Mark L. Gerstle, Jr., Navy, Naval Hosp., Oakland, Calif.
*Lt. Col. Albert E. Herrmann, Army, Camp Campbell, Ky.
*Major Samuel Mufson, Army, Vint Hill Farms Sta., Warrenton, Va.
*Lt. Comdr. Evans W. Pernokis, Navy, U. S. Naval Hosp., Oceanside, Calif.
Major Stirling G. Pillsbury, Army, A.A.F., Miami Beach, Fla.
*Col. Derrick T. Vail, Jr., Army, A.P.O. 871, New York, N. Y.
*Capt. James C. White, Navy, Mass. Gen. Hosp., Boston, Mass.

1924

*Comdr. Francis T. Hunter, Navy, F.P.O., San Francisco, Calif.
*Comdr. Meinolph V. Kappius, Navy, F.P.O., San Francisco, Calif.
*Lt. Comdr. Milo W. Kneedler, Navy, U.S.N. R.M.S., Notre Dame Univ., South Bend, Ind.
*Major George C. Prather, Army, Ashford Gen. Hosp., White Sulphur Springs, Sta. A., W. Va.
*Major Joseph Smith, Army, Fort Dix, N. J.

1925

Major James R. Bell, Army, U.S.A.A.B., Presque Isle, Me.
*Lt. Col. Montgomery Blair, Jr., Army, Tarney Gen. Hosp., Palm Springs, Calif.
*Major Erel L. Guidone, Army, Fletcher Gen. Hosp., Cambridge, O.
*Comdr. Robert S. Palmer, Navy, Navy 168, F.P.O., New York, N. Y.

MAJOR TRYGVE GUNDERSEN

*Lt. Col. James MacL. Strang, Army, A.P.O. 871, New York, N. Y.
*Comdr. Charles L. Swan, Jr., Navy, F.P.O., New York, N. Y.
*Comdr. Francis P. Twinem, Navy, F.P.O., San Francisco, Calif.

1926

*Capt. Joseph S. Barr, Navy, Bureau of Medicine & Surgery, Washington, D. C.
*Lt. Comdr. Harrison C. Brown, Navy, F.P.O., San Francisco, Calif.
Major Frederick S. Bruckman, Army, R.A.A.F., Roswell, N. Mex.
Lt. Comdr. William J. German, Navy, U. S. Naval Hosp., St. Albans, L. I., N. Y.
Lt. Col. Theodore R. Hannon, Army, A.A.F. Sta. Hosp., Bryan, Tex.
*Lt. Comdr. Stanley J. G. Nowak, Navy, Navy 814, F.P.O., New York, N. Y.
*Comdr. Shelton P. Sanford, Navy, 10th Naval Hosp., Long Beach, Calif.
*Capt. Walter B. Seelye, Army, Gen. Hosp., Camp Swift, Tex.
*Lt. Col. Richard P. Stetson, Army, Thayer Gen. Hosp., Nashville, Tenn.
*Lt. Col. Thomas Van O. Urmy, Army, Sta. Hosp., Camp Chaffee, Ark.
*Major Clinton A. Wilson, Army, R.A.A.F. Sta. Hosp., Roswell, N. Mex.

1927

*Lt. Comdr. Howard L. Appollonio, Navy, Hawaii
*Lt. Henry Caradonna, Navy, Armed Guard School, Shelton, Va.
*Capt. Frank B. Carr, Navy, F.P.O., San Francisco, Calif.
Lt. Comdr. Herbert L. Elias, Navy, Lido Beach, N. Y.
*Comdr. John H. Fay, Navy, F.P.O., San Francisco, Calif.
*Comdr. Howard K. Gray, Navy
*Major Parker C. Hardin, Army, Hq. 701 6th St., Charleston, Ill.
*Lt. Comdr. Allen S. Johnson, Navy, F.P.O., San Francisco, Calif.
*Comdr. Abraham Kaplan, Navy, U. S. Naval Hosp., Newport, R. I.
*Col. Alexander Marble, Army, Harmon Gen. Hosp., Longview, Tex.
*Lt. Col. Charles L. Parsons, Army, A.P.O. 464, New York, N. Y.
Lt. Comdr. Jack Rowlett, Navy, U.S.N.T.S., Farragut, Idaho
*Lt. Comdr. Edward H. Taylor, Navy, Naval Dry Docks, San Pedro, Calif.

1928

*Lt. Comdr. Allen G. Brailey, Navy, U.S.N.T.S., Sampson, N. Y.
*Major Richard W. Farnsworth, Army, A.P.O. 4759, San Francisco, Calif.
*Major Harry L. Freedman, Army, Eng. Gen. Hosp., Atlantic City, N. J.
Lt. Comdr. Robert A. Goodell, Navy, U.S.N.T.S., Newport, R. I.
*Lt. Comdr. David L. Halbersleben, Navy, F.P.O., San Francisco, Calif.
Major Louis W. Stoller, Army, A.P.O. 230, New York, N. Y.
*Major Ralph F. Traver, Army, A.P.O. 709, San Francisco, Calif.

1929

Major Morris A. Bowie, Army, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
*Lt. Comdr. James I. Farrell, Navy, U. S. Naval Academy, Annapolis, Md.
*Capt. LeRoy D. Fothergill, Navy, Naval Medical Center, Bethesda, Md.
Lt. Comdr. Earle A. Harvey, Navy, U. S. Naval Hosp., Newport, R. I.
*Lt. Col. Gilbert T. Hyatt, Army, A.P.O. 526, New York, N. Y.
*Col. John A. Isherwood, Army, Cushing Gen. Hosp., Framingham, Mass.
*Lt. Col. William deGutierrez-Mahoney, Army, A.A.F. Regional Hosp., Coral Gables, Fla.
*Major Milton L. Miller, Army, Hq. A.A.F. Redistribution Sta. 1, Atlantic City, N. J.
*Lt. Albert E. Morris, Navy, Navy Recruiting Sta., Columbia, S. C.
*Major Hildrus A. Poindexter, Army, A.P.O. 93, San Francisco, Calif.
Capt. George W. Rafferty, Army, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
Lt. Charles A. Robinson, Army, A.P.O. 466, New York, N. Y.
*Lt. Col. Charles P. Sheldon, Army, A.P.O. 923, San Francisco, Calif.
*Major Herbert Sherwin, Army, Tarney Gen. Hosp., Palm Springs, Calif.
*Capt. Malcolm C. Taylor, Army, Sta. Hosp.,

Major Clifford C. Franseen, '30

Amarillo Air Field, Amarillo, Tex.
*Major Harold M. Teel, Army, 28th Field Hosp.
*Lt. Frederic N. Tyroler, Navy, F.P.O., San Francisco, Calif.
*Capt. Homer D. Wallace, Jr., Army, A.P.O. 468, Camp Polk, La.

1930

*Capt. Arthur N. Berry, Army, A.P.O. 9641, San Francisco, Calif.
*Major Henry C. Buhrmester, Jr., Army, Sta. Hosp., Sioux Falls, S. D.
*Capt. Sidney S. Cohen, Army, A.P.O. 651, New York, N. Y.
*Lt. Col. Richard Collins, Jr., Army, A.P.O. 757, New York, N. Y.
*Lt. Col. Eugene C. Eppinger, Army, A.P.O. 923, San Francisco, Calif.
*Capt. Charles H. Finke, Army, A.P.O. 928, San Francisco, Calif.
*Comdr. Ashton Graybiel, Navy, Naval Air Sta., Pensacola, Fla.
*Lt. Col. Harold H. Hamilton, Army, Sta. Hosp., Westover Field, Chicopee Falls, Mass.
*Lt. Col. Lee G. Kendall, Army, A.P.O. 813, New York, N. Y.
*Lt. Comdr. Frank P. Mathews, Navy, U. S. Naval Hosp., Seattle, Wash.
Major Samuel W. Moore, Army, A.P.O. 508, New York, N. Y.
Capt. William B. Nevius, Army, Mason Gen. Hosp., Brentwood, L. I., N. Y.
*Lt. Comdr. William P. Reed, Navy, F.P.O. San Francisco, Calif.
Major John G. Schmidt, Army, A.P.O. 928-1, San Francisco, Calif.
*Lt. Comdr. Philip Solomon, Navy, Camp Lejeune, New River, N. C.
*Capt. Loring Whitman, Army, Army Medical School, Washington, D. C.

1931

*Capt. Hollis L. Albright, Army, A.P.O. 4940, New York, N. Y.
*Lt. Col. Jacob Brem, Army, A.P.O. 9826, New York, N. Y.
*Capt. Henry A. Buchtel, Army, A.P.O. 689, New York, N. Y.
*Capt. Kenneth G. Burton, Army, overseas
*Major Richard J. Clark, Army, A.P.O. 426, New York, N. Y.
*Lt. Comdr. Archibald G. Gauld, Navy, Naval Air Sta., Quonset Pt., R. I.
*Lt. Col. John P. Hubbard, Army, A.P.O. 645, New York, N. Y.
*Comdr. Harrison E. Kennard, Navy, F.P.O. 607, San Francisco, Calif.
*Capt. George S. Kinsley, Army, A.P.O. 645, New York, N. Y.
*Major Horace Pettit, Army, A.P.O. 465, New York, N. Y.
*Major John N. Robinson, Army, A.P.O. 647, New York, N. Y.
*Comdr. Robert S. Schwab, Navy, F.P.O., San Francisco, Calif.
*Major Dudley W. Smith, Army, Lawson Gen. Hosp., Atlanta, Ga.
*Capt. Somers H. Sturgis, Army, A.P.O. 764, New York, N. Y.
*Major Milton S. Thompson, Jr., Army, A.P.O. 887, New York, N. Y.

1932

*Major Henry K. U. Beecher, Army, A.P.O. 534, New York, N. Y.
*Lt. Comdr. Alfred L. Duncombe, Navy, U. S. Naval Hosp, Shoemaker, Calif.
*Major Joseph R. Hobbs, Army, Inst. of Inter-American Affairs, San Salvador
*Lt. William L. Holt, Jr., Navy, F.P.O., New York, N. Y.
*Capt. Edward C. Humphrey, Army, Civil Affairs Training School, Yale Univ., New Haven, Conn.
*Lt. Comdr. Raymond E. Johnson, Navy, F.P.O., San Francisco, Calif.
Lt. Claude Klapper, Army, Hoff Gen. Hosp., Santa Barbara, Calif.
Lt. Comdr. G. Douglas Krumbhaar, Navy
*Capt. Carl A. Kunath, Army, Sta. Hosp. I.A.A.F., Independence, Kans.
Lt. Edwin C. Richards, Navy, Naval Air Sta., Terminal Island, Calif.
*Capt. Leslie H. Van Raalte, Army, Sta. Hosp. A.A.B., DeRidder, La.
Capt. Emmett B. Settle, Army, A.P.O. 503, San Francisco, Calif.

1933

*Lt. Frederick D. Ames, Navy, Navy 152, F.P.O., San Francisco, Calif.
*Major Reeve H. Betts, Army, A.P.O. 534, New York, N. Y.
Lt. Allan E. Bloomberg, Army
*Capt. Henry L. Heyl, Army, Fitzsimons Gen. Hosp., Denver, Colo.
Lt. Leonard W. Hill, Navy, Chelsea Naval Hosp., Chelsea, Mass.
*Lt. Col. Robert R. Kelley, Army, Office of Surgeon General, Washington, D. C.
*Capt. George T. McKean, Army, A.P.O. 422, New York, N. Y.
Lt. Newman C. Nash, Army, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
*Lt. Joseph C. Placak, Jr., Navy, F.P.O., San Francisco, Calif.
Lt. Carleton R. Souders, Army, Sta. Hosp., Drew Field, Tampa, Fla.
*Major Artemas J. Stewart, Army, A.P.O. 851, New York, N. Y.
*Lt. William G. Thompson, Navy, F.P.O., New York, N. Y.
Lt. Robert A. Youngman, Army, Sta. Hosp., Camp Carson, Colo.

1934

*Capt. Lawrence H. Beizer, Army, A.P.O. 9639, New York, N. Y.
*Capt. Donald W. Bickley, Army, Sta. Hosp., Camp Barkeley, Tex.
Major Philip Cooper, Army, Veterans Admin. Facility, White River Jct., Vt.
*Capt. Thomas J. Donovan, Army, Sta. Hosp., Orlando Air Base, Orlando, Fla.
*Major Aloysius P. Harney, Army, A.P.O. 553, New York, N. Y.
*Capt. Octa C. Leigh, Jr., Army, A.P.O. 647, New York, N. Y.
*Major Roger S. Mitchell, Army, Sta. Hosp., Orlando, Fla.
Capt. William H. Moran, Army, Kennedy Gen. Hosp., Memphis, Tenn.
*Major Benjamin R. Reiter, Army, A.P.O. 230, New York, N. Y.
*Capt. Richard H. Thompson, Army, A.P.O. 713, San Francisco, Calif.

1935

*Lt. Col. David W. Barrow, Army, Sta. Hosp., Eglin Field, Valparaiso, Fla.
*Lt. Otto E. Billo, Navy, Navy 259, F.P.O., New York, N. Y.
*Lt. Comdr. William E. Dawson, Navy, F.P.O., San Francisco, Calif.
Major George A. Filmer, Army, Beaumont Gen. Hosp., El Paso, Tex.
*Capt. John G. Frothingham, Army, Sta. Hosp., Bradley Field, Conn.
Lt. Donald T. Hall, Navy, Navy 817, F.P.O., San Francisco, Calif.

Capt. Edward Budnitz, '32

*Capt. William S. McCune, Army, Walter Reed Gen. Hosp., Washington, D. C.
Capt. Richard H. Mellen, Army, Sta. Hosp., Camp Hale, Colo.
*Lt. Samuel Nesbitt, Navy, Navy 116, F.P.O., New York, N. Y.
Capt. Joseph Ney, Army
Lt. John W. Norcross, Navy, Chelsea Naval Hosp., Chelsea, Mass.
*Capt. Warren I. Reinhardt, Army, A.P.O. 4, New York, N. Y.
*Major Ralph D. Richardson, Army, A.P.O. 644, New York, N. Y.
*Major Charles D. Roberts, Army, A.P.O. 302, New York, N. Y.
*Capt. Gordon A. Saunders, Army, A.P.O. 887, New York, N. Y.
*Capt. James O. H. Simrall, Army, Sch. of Aviation Med., Randolph Field, Tex.
*Major John C. Snyder, Army, A.P.O. 787, New York, N. Y.
*Capt. Lamar Soutter, Army, Lawson Gen. Hosp., Atlanta, Ga.
*Major Oscar S. Staples, Jr., Army, A.P.O. 426, New York, N. Y.
*Capt. Harry L. Strachan, Jr., Army, A.P.O. 689, New York, N. Y.
*Capt. Douglas A. Sunderland, Army, A.P.O. 689, New York, N. Y.
Lt. Paul V. Woolley, Jr., Navy, Naval Medical School, Bethesda, Md.

1936

*Capt. Otto S. Baum, Army, A.P.O. 517, New York, N. Y.
*Major Theodore B. Bayles, Army, A.P.O. 9415, San Francisco, Calif.
*Lt. H. Stanley Bennett, Navy, F.P.O., San Francisco, Calif.
*Capt. John K. Brines, Army, Sta. Hosp., Eglin Field, Fla.
Major Gerald J. Carlin, Army, Camp Barkeley, Tex.
Lt. Donald E. Cassels, Army, overseas
*Lt. Comdr. Francis S. Cheever, Navy, Naval Medical School, Bethesda, Md.
*Capt. Harwood W. Cummings, Army, Sta. Hosp., Bowman Field, Ky.
*Capt. David Ennis, Army, A.P.O. 137, New York, N. Y.
*Major John W. Ewell, Army, A.P.O. 647, New York, N. Y.
Lt. Walter L. H. Hall, Navy, Navy Yard Dispensary, Portsmouth, N. H.
*Major Alfred T. Hamilton, Army, A.P.O. 651, New York, N. Y.
Lt. Charles B. Hinds, Jr., Army, Carlisle Barracks, Pa.
*Lt. Karl W. Keller, Army, A.P.O. 515, New York, N. Y.
Lt. William H. Mathews, Navy, U. S. Naval Hosp., Annapolis, Md.

Capt. Charles E. MacMahon, '36
(Taken in India for the Bulletin)

*Capt. John D. Moorman, Army, A.P.O. 502, San Francisco, Calif.
*Major Robert L. Richards, Army, A.P.O. 600, New York, N. Y.
*Capt. Marshall deG. Ruffin, Army, A.A.F. Regional Hosp., Coral Gables, Fla.
*Capt. Sigmund H. Smedal, Army, A.P.O. 424, New York, N. Y.
*Capt. Robert Smith, Army, A.P.O. 9403, San Francisco, Calif.
*Major Howard Ulfelder, Army, A.P.O. 508, New York, N. Y.
*Capt. Milton R. Weed, Army, A.P.O. 952, San Francisco, Calif.
*Capt. Jackson W. Wright, Army, A.P.O. 595, New York, N. Y.
*Capt. Paul M. Zoll, Army, A.P.O. 730, Seattle, Wash.

1937

*Major Edward A. Bachhuber, Army, A.P.O. 923, San Francisco, Calif.
*Lt. Col. John A. Booth, Army, Air Base Hosp., Venice, Fla.
Lt. Robert K. Brown, Army, Fitzsimons Gen. Hosp., Denver, Colo.
Lt. (j.g.) Charles S. Bryan, Jr., Navy, Chelsea Naval Hosp., Chelsea, Mass.
*Capt. Charles M. Campbell, Jr., Army, A.P.O. 464, New York, N. Y.
*Capt. Raymond C. Clapp, Army, Tarney Gen. Hosp., Palm Springs, Calif.
*Capt. David P. Dutton, Army, A.P.O. 33, San Francisco, Calif.
*Capt. William H. Elliott, Jr., Army, A.P.O. 464, New York, N. Y.
Lt. Comdr. George E. Gardner, Navy, Navy Yard, Phila., Pa.
*Capt. Henry B. Garrigues, Army, Sta. Hosp., Camp Worden, Wash.
*Capt. Lloyd E. Hawes, Army, Halloran Gen. Hosp., Staten Island, N. Y.
*Major William H. Lowell, Jr., Army, A.P.O. 466, New York, N. Y.
*Major Arthur E. MacNeill, Army, Colorado Springs, Colo.
*Capt. John B. McKittrick, Army, A.P.O. 302, New York, N. Y.
*Capt. Richard S. Neff, Army, A.P.O. 860, New York, N. Y.
*Capt. Franklin K. Paddock, Army, A.P.O. 424, New York, N. Y.
*Lt. Lewis G. Shepler, Navy, U.S.N.R. Midshipman's Sch. (W.R.), Northampton, Mass.
*Lt. Matthew W. Stevens, Army, Gen. Hosp., Camp Swift, Tex.
*Capt. Douglas H. Stone, Army, Lawson Gen. Hosp., Atlanta, Ga.
*Capt. Joseph J. Thompson, Army, A.P.O. 517, New York, N. Y.
*Capt. William W. Tribby, Army, A.P.O. 464, New York, N. Y.

*Capt. Henry H. Work, Jr., Army, A.P.O. 782, New York, N. Y.

1938

*Lt. Comdr. Lynn S. Beals, Jr., Navy, Naval Air Sta., Anacostia, D. C.
*Capt. Henry H. Brewster, Army, A.P.O. 519, New York, N. Y.
*Major Francis F. Cary, Army, Sta. Hosp., Camp Chaffee, Ark.
*Capt. Hugh A. Drane, Jr., Army, A.P.O. 959, San Francisco, Calif.
*Capt. Edward R. Evans, Army, A.P.O. 689, New York, N. Y.
*Lt. Donald B. Fletcher, Army, A.P.O. 928, San Francisco, Calif.
*Capt. Wooster P. Giddings, Army, A.P.O. 464, New York, N. Y.
*Lt. Irad B. Hardy, Jr., Navy, Camp Pendleton, Calif.
*Capt. Charles L. Holt, Jr., Army, A.P.O. 511, New York, N. Y.
*Major David B. Jennison, Army, Camp McCoy, Wis.
*Capt. John F. Jewett, Army, A.P.O. 255, New York, N. Y.
*Capt. William D. Koon, Army, A.P.O. 9382, New York, N. Y.
*Lt. Comdr. Reginald R. Rambo, Navy, F.P.O., New York, N. Y.
Lt. (j.g.) John H. Rosenow, Navy, Hueneme, Calif.
Lt. (j.g.) Douglas A. Ross, Navy, Naval Air Sta., Corpus Christi, Tex.
Capt. Samuel Silverman, Army, Nichols Gen. Hosp., Louisville, Ky.
*Lt. Comdr. Edward L. Smith, 2d, Navy, State Teachers College, Flagstaff, Ariz.
*Capt. Robert M. Smith, Army, A.P.O. 9826, New York, N. Y.
*Lt. Louis J. Strobino, Army, A.P.O. 376, New York, N. Y.
Lt. Hugh Tatlock, Army, Sta. Hosp., #2, Fort Bragg, N. C.

1939

*Capt. Victor G. Balboni, Army, Ft. Jay Sta. Hosp., Governors Island, N. Y.
*Capt. Charles F. Begg, Army, A.P.O. 709, San Francisco, Calif.
*Lt. Alexander H. Bill, Jr., Army, Sta. Hosp., Camp Patrick Henry, Va.
*Capt. Lemuel Bowden, Jr., Army, A.P.O. 862, New York, N. Y.
Lt. John A. Brabson
*Capt. Edward C. Dyer, Army, Camp Hale, Colo.
*Capt. Daniel S. Ellis, Army, A.P.O. 764, New York, N. Y.
Lt. (j.g.) Edward V. Ferguson, Navy, F.P.O., San Francisco, Calif.
*Capt. Vincent H. Handy, Army, A.P.O. 503, San Francisco, Calif.
*Lt. (j.g.) Edward T. Haslam, Navy, F.P.O., Portland, Me.
*Capt. William L. Hawley, Army, A.P.O. 534, New York, N. Y.
*Lt. Robert McH. Johnson, Army, Sta. Hosp., Camp San Luis Obispo, Calif.
*Capt. Frank X. Marino, Army, Sta. Hosp., Patterson Field, O.
*Lt. Donald D. Matson, Army, Camp Shelby, Miss.
*Major Charles G. Mixter, Jr., Army, A.P.O. 719, San Francisco, Calif.
*Capt. Philip J. Morrison, Army, A.P.O. 9359, New York, N. Y.
*Lt. Paul P. Pierce, Army, Lawson Gen. Hosp., Atlanta, Ga.
*Capt. William S. Piper, Jr., Army, A.P.O. 12692A, New York, N. Y.
*Capt. Herbert F. R. Plass, Army, A.A.R.S.#3, Santa Monica, Calif.
Lt. (j.g.) Lewis S. Rathbun, Navy, Portsmouth, N. H.
Lt. (j.g.) Howard B. Reed, Navy
*Capt. Norman Simon, Army, Esler Field, La.
*Major John A. Sims, Army, Fitzsimons Gen. Hosp., Denver, Colo.
*Capt. Steward H. Smith, Army, A.P.O. 12768B, New York, N. Y.
Lt. Robert S. Srigley, Army
*Lt. Comdr. John B. Stanbury, Navy, U.S.N.T.S., Bainbridge, Md.
Lt. Alvin T. Stone, Army, Darnall Gen. Hosp., Danville, Ky.
*Capt. Lawrence J. Stuppy, Army, A.P.O. 952, San Francisco, Calif.
*Capt. Stanley M. Wyman, Army, A.P.O. 764, New York, N. Y.

1940

*Capt. James C. Allanson, Army, Sta. Hosp., A.A. Field, Columbus, Miss.
*Capt. Alfred J. Berger, Army, Field Hosp., Camp Atterbury, Ind.
*Capt. Lewis H. Bosher, Jr., Gen. Hosp., Camp Pickett, Va.
Lt. (j.g.) Donald A. Dupler, Navy, F.P.O., San Francisco, Calif.
Lt. Bernard German, Army, A.A.F. Regional Sta. Hosp., Coral Gables, Fla.
*Capt. David G. Greene, Army, A.P.O. 377, New York, N. Y.
*Capt. Nicholas H. Holmes, Army, A.P.O. 12570B, San Francisco, Calif.
*Lt. Lawrence Kilham, Army, A.P.O. 871, New York, N. Y.
*Capt. Hugh A. MacMillan, Jr., Army, A.P.O. 302, New York, N. Y.
Lt. Irving L. Pavlo, Army, Carlisle Barracks, Pa.
*Capt. Arnold Porter, Army, A.P.O. 636, New

Lt. Jason L. Wiley, '41

York, N. Y.
*Capt. Samuel F. Potsubay, Army, A.P.O. 9995, Minneapolis, Minn.
*Lt. (j.g.) Stewart P. Seigle, Navy, F.P.O., New York, N. Y.
*Capt. Kenneth W. Sinish, Army, A.P.O. 230, New York, N. Y.
*Capt. John E. VanderLaan, Army, Sta. Hosp., Camp Campbell, Ky.
*Lt. Andrew G. Webster, 2d, F.P.O., San Francisco, Calif.

1941

*Capt. Edward H. Ahrens, Jr., Army, 25 Broad St., New York, N. Y.
*Capt. Daniel H. Buchanan, Jr., Army, Sta. Hosp., Camp Sibert, Ala.
*Capt. Franklin Carter, III, Army, A.P.O. 9029, New York, N. Y.
*Capt. Stephen M. Clement, Army, A.P.O. 9648, New York, N. Y.
*Capt. George H. A. Clowes, Jr., Army, A.P.O. 645, New York, N. Y.
*Lt. Erwood G. Edgar, Army, Alameda, Calif.
*Lt. Ivan DeR. Frantz, Jr., F.P.O., New York, N. Y.
Lt. Carl C. Gardner, Jr., Army, A.P.O. 3, New York, N. Y.
*Lt. John Godfrey, Army, A.P.O. 513A, New York, N. Y.
*Capt. Charles C. Harrold, Jr., Army, A.P.O. 758, New York, N. Y.
*Lt. Henry K. Heller, Navy, F.P.O., San Francisco, Calif.
*Capt. John Homans, Jr., Army, A.A.F. Sta. Hosp., Randolph Field, Tex.
*Lt. Norman J. Kelman, Army, Camp Shelby, Miss.
Lt. William F. Loomis, Army, M.P.O. 1314, Edmonton, Alberta, Can.
Lt. Francis E. Nulsen, Army
*Lt. William H. Potter, Army, A.P.O. 320, San Francisco, Calif.
*Lt. (j.g.) Oliver K. Scott, Navy, Naval Hosp., San Diego, Calif.
*Lt. William B. Seaman, Army, A.P.O. 838, New Orleans, La.
*Lt. (j.g.) Louis deS. Shaffner, Navy, F.P.O., San Francisco, Calif.
*Lt. Lister H. Shaw, Army, Camp Stoneman, Calif.
Lt. Joseph C. Sherrick, Army
*Lt. John E. Stewart, Navy, F.P.O., San Francisco, Calif.
*Lt. Jason LaR. Wiley, Jr., Navy, Sch. of Aviation Medicine, Pensacola, Fla.

1942

*Lt. Donald V. Baker, Jr., Army, Sta. Hosp., Scott Field, Ill.
*Lt. (j.g.) William J. Baker, Navy, F.P.O., San Francisco, Calif.
Lt. James T. Blodgett, Army, A.P.O. 597, New York, N. Y.
*Lt. (j.g.) James F. Blute, Jr., Navy, F.P.O., New York, N. Y.
*Lt. Philip K. Bondy, Army, Battey Gen. Hosp., Rome, Ga.
*Lt. William B. Brewster, Jr., Army, Brooke Gen. Hosp., Ft. Sam Houston, Tex.
Lt. John S. Chambers, Jr., Army, Sta. Hosp., Maxwell Field, Ala.
Lt. Abraham B. Conger, Jr., Army, Sta. Hosp., Kearns, Utah
*Lt. Peter H. Dillard, Army, Stark Gen. Hosp., Charleston, S. C.
Lt. William R. Eyler, Army, Woodrow Wilson Gen. Hosp., Staunton, Va.
Lt. Daniel R. Gray, Jr., Army, A.A.F. Regional Hosp., Miami Beach, Fla.
Lt. Charles G. Hutter, Jr., Army, Carlisle Barracks, Pa.
*Lt. Lucien C. Kavan, Army, Chanute Field, Rantoul, Ill.
*Lt. Edmund P. Kelley, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
Lt. (j.g.) William J. Lahey, Navy, F.P.O., San Francisco, Calif.

Lt. (j.g.) Robert W. Gage

Lt. (j.g.) Charles A. Macgregor, Navy, F.P.O., New York, N. Y.
Capt. William Mc. McConahey, Jr., Army, A.P.O. 90, New York, N. Y.
Lt. John H. T. McPherson, Jr., Army, A.P.O. 511, New York, N. Y.
*Capt. John B. Millet, Army, Camp Shelby, Miss.
*Lt. (j.g.) George Mixter, Jr., Army, Camp Lejeune, New River, N. C.
Lt. Melvin P. Osborne, Army, Camp Breckinridge, Ky.
Capt. Thomas L. Perry, Jr., Army, A.P.O. 403, New York, N. Y.
*Lt. (j.g.) John H. Peters, Navy, F.P.O., New York, N. Y.
Lt. Elmer C. Rigby, Army, Tilton Gen. Hosp., Ft. Dix, N. J.
Lt. John M. Schwab, Army, Tilton Gen. Hosp., Ft. Dix, N. J.
Capt. Albert J. Sheldon, Army, A.P.O. 2494, New York, N. Y.
Lt. (j.g.) Leslie R. Webb, Jr., Navy, Davisville, R. I.
*Lt. Albert E. Weiner, Camp Shelby, Miss.
*Lt. Laurence G. Wesson, Jr., Army, Camp Bowie, Tex.
Lt. (j.g.) Charles R. Williamson, F.P.O, New York, N. Y.

1943 (March)

Lt. Abraham C. Barger, Army, Camp Barkeley, Tex.
Lt. Morgan Berthrong, Army, Camp Barkeley, Tex.
Lt. George H. Carter, Army, Carlisle Barracks, Pa.
Lt. Ernest Craige, Army, Camp Barkeley, Tex.
Lt. (j.g.) Sidney W. Ellery, Navy, U. S. Naval Hosp., Portsmouth, N. H.
Lt. (j.g.) Arthur J. Graves, Navy, Naval Hosp., Sampson, N. Y.
Lt. Robert D. Griesemer, Army, Carlisle Barracks, Pa.
Lt. Robert B. Holden, Army, Brooke Gen. Hosp., Ft. Sam Houston, Tex.
Lt. Joseph P. Holihan, Army, Vancouver Barracks, Wash.
Lt. Samuel G. Holmes, Army, Carlisle Barracks, Pa.
Lt. Logan O. Jones, Army, Camp Barkeley, Tex.
Lt. Charles A. Kane, Army, Ashford Gen. Hosp., White Sulphur Springs, W. Va.
*Lt. (j.g.) Joseph D. Knobloch, Navy, Naval Recruiting Sta., Chicago, Ill.
Lt. Walter E. Knox, 3rd, Army, Carlisle Barracks, Pa.
Lt. Richard H. Lillie, Army, Winter Gen. Hosp., Topeka, Kans.
Lt. George R. Livermore, Jr., Army, Schick Gen. Hosp., Clinton, Iowa
Lt. Irving M. London, Army, Carlisle Barracks, Pa.
Lt. Duane H. Mitchel, Army, Schick Gen. Hosp., Clinton, Iowa
Lt. (j.g.) Paul H. Pfeiffer, Navy, U.S.N.T.S., Newport, R. I.
Lt. Calvin H. Plimpton, Army, Carlisle Barracks, Pa.
Lt. Edward P. Richardson, Jr., Army, Carlisle Barracks, Pa.
Lt. Royal S. Schaaf, Army, Percy Jones Gen. Hosp., Battle Creek, Mich.
Lt. (j.g.) Cornelius J. Shea, Navy, Solomons, Md.
Lt. Robert M. Soule, Army, Carlisle Barracks, Pa.
Lt. (j.g.) John R. Spencer, Navy, Naval Hosp., Portsmouth, N. H.
*Lt. (j.g.) George H. Tarr, Jr., Navy, Induction Center, Cincinnati, O.
Lt. Richard N. Westcott, Army, Rhoads Gen. Hosp., Utica, N. Y.
Lt. (j.g.) Chester A. Wiese, Jr., Navy 320, F.P.O., New York, N. Y.

United States Public Health Service

Asst. Surgeon Harold S. Barrett, '41
Surgeon Horace Binney, '01
*Passed Asst. Surgeon George W. Comstock.
*Passed Asst. Surgeon Edward P. Cutter, '38
Senior Surgeon Lewis M. Hurxthal, '23
Passed Asst. Surgeon Waldron M. Sennott, '37

Book Review

THE YOUNGEST OF THE FAMILY by Joseph Garland, M.D. '19. Revised Edition, 182 pages, Cambridge: Harvard University Press, 1943. $2.00.

As the young and inexperienced mother faces the problem of giving her infant the best possible care many questions occur to her and these she wants answered clearly and promptly. She hesitates to call up her doctor every time such a question arises and yet she must have a reliable answer. It is precisely this great need which Joe Garland's most practical and authoritative little book fills. Written in an easily readable style, free of cumbersome technical terms and yet incorporating the latest scientific information, and above all, based upon many years of practical experience. In these days of world turmoil when so many mothers are on their own and are forced temporarily to play the role of both mother and father to their children, good sensible advice as to their upbringing, as contained in this book, is particularly welcome.

Starting with helpful counsel about the prenatal care of the mother, Joe continues with information about the normal physical growth and development of the child and appends useful lists of mental accomplishments for various periods from the age of four months to two years.

Practical suggestions about the child's daily schedule are given, including such items as bathing, toilet training, the sleeping bag, clothing and a final reassuring word about "passing phases".

A wise precept for the mother to remember:—"She is directing the care of the infant and is not subject to his direction. She is his nurse and guardian, but not his servant; she is guiding his life, but also living her own life, and should be enjoying it; she is responsible for his welfare and to a degree for his future, that welfare depending supremely on her insistence that hers be the guiding hand."

Joe very rightly preaches the gospel of breast-feeding. He emphasizes the advantages of breast-milk over any artificial feeding so far concocted by man and advocates that breast-feeding should be continued if possible until the baby is four or five months old. Bottle-feeding also comes in for a full discussion. A brief summary of the present knowledge of the various vitamins and a short description of the several current immunization procedures serve to bring the mother up to date. A chapter on "Minor Ailments and Emergencies" gives valuable suggestions, but in no way tries to replace the physician. Finally, some helpful hints are given on how to cope with that difficult period of childhood, "The Runabout Age".

In short here is a swell book filled with helpful, authoritative and practical advice for the young mother, emphasizing the point that she "can take care of her baby and her household and still with occasional relief have time and energy left for a reasonable amount of social activity."

ALFRED G. LANGMANN, M.D.

NEWS FROM THE FRONT

Dear Dr. Means,

You will note from the heading that I have been transferred from the 6th General, and am now with the 51st Station Hospital. This is one of two special centers for the care and treatment of neuropsychiatric battle casualties that have been set up in this theatre in the past two months. All of us who have handled these cases have felt very strongly that it was urgently necessary that some special facility for their care should be instituted. At the 6th, we saw most of them after they had been through a large number of hospitals, and a relatively long time after the inception of the disease. In keeping with the opinions from the last war, we were also convinced that at that point treatment was most difficult and offered little.

At present, we receive many of our patients directly from evacuation hospitals, some two weeks after the onset, and it is surprising what a difference in attitude there is in this group over what I saw at the 6th. In other words, the disease becomes the more fixed the longer the soldier is hospitalized. We have had the further experience that when they are seen in the evacuation hospitals, shortly—within a few hours—after the onset, a large percentage can be returned to their units in combat. This, after all, is the primary purpose of all medicine in the Army, and the ideal would be to carry out treatment at that point for all of them. Of course, there is a group who do not respond well in the evacuation hospitals, and these do have to be sent further back, but even there, we are able to salvage many for limited duty, in non-combat areas, if we get at them soon enough.

Since leaving the 6th, I have had an opportunity to work at two other hospitals in addition to the 51st Station. For about one month a group of us were sent to the 21st General Hospital, ideally located in the mountains, at the site of some hot springs, in a large hotel, which was formerly a French winter spa. This unit came from Washington University in St. Louis, and ran a perfectly tremendous establishment. They are a very fine and able group of men. In addition to the professional work, we were most pleased to be near the hot springs, as hot water—in fact any water—was more than a rarity in other parts of North Africa in the summer, and we soaked in the hot showers at length. After that, I was sent to the 40th Station Hospital, about 50 miles from our present location, to help out on their neuro-psychiatric service while their regular man was off on some other business. This hospital was set up in a fine group of permanent buildings, a former school, in an attractive little town. It so happened that while I was there, a large group of fresh casualties arrived, which proved interesting and fruitful.

I am sure that you will have heard about the large number and percentage of this type of case that we are seeing. At the 6th, they constituted about 25% of all the patients. While there, two of us handled an average case load of around 260, sometimes running up to as high as 350. It was amusing to think back to our griping as senior house officers at the MGH when we were sent 8-10 patients on our day on. During four months at the 6th, they came in to us at the rate of from 60-150 at a time. We would work furiously to get the situation under control, and about the time we had plowed through that group, the next would arrive. All in all it was more than hectic. To keep us on our toes, there were a fair number of organic cases among this group, most of whom had been wrongly diagnosed as NP situations elsewhere, and I had a lot of pleasure in pick-

ing up arthritis, neurologic disease, and even an occasional ruptured intervertebral disk or even factured spine among the group.

The therapy of this sort of case is quite interesting. In the main it is a problem of rehabilitation. These men, secondary to their break, have all come to look upon the world as a very hostile and dangerous place, and, in consequence, feel constantly insecure and anxious.

In essence, they perpetuate the nervous and physical reactions which serve as a protection in a combat situation, carrying it on even in places where there is no danger at all. For these reasons, therapy must be directed toward prodding and pushing them into all sorts of activities which they instinctively avoid. They find it hard to read, cannot write letters home, find it nervewracking to keep up a conversation in a group, etc., etc. In general the trend is toward withdrawal and dependency, and it is vital that this vicious circle be broken as early as possible, lest they become chronic invalids and pensioners.

What we need most of all therefore is a very active and highly organized occupational therapy department, and as you will guess, there are no facilities for this sort of thing over here. We have improvised a good deal and, by hook or crook, have managed to get baseball, volley ball, ping-pong and other games going, in addition to providing various manual tasks for the men. What we need of course is a well run shop, properly directed, in order to engage as many patients as possible in useful tasks of some sort. I have never felt that basket-weaving, knitting, and like pursuits were especially stimulating for a group of formerly active men. We are also experimenting with group therapy, in which we attempt to explain some of the mechanisms of their illness to them, as well as show them how they attempt to escape responsibility and activity by means of their symptoms. Often this can also be done by a very few words at the time of the initial interview and examination, and when it takes, is often passed on from one man to the next. Everything is easier of course when one deals with an intelligent group, such as the officers.

At the 6th, most of the work has been to provide a way station for patients on their way home.

In general the problem of infectious disease is being well handled. Last winter, on the way over, we did see a little meningococcus meningitis, but the cases that I happened to treat did extremely well on 'diazine. At the 6th we had some dysentery, both amoebic and bacillary, but usually relatively mild. There was also a moderate amount of malaria, often in peculiar forms. The most striking feature has been that very few of the cases behaved anything like the descriptions in the books. We saw few regularly remitting fevers. In general they behaved like the pyrexias of unknown origin that we see at home—but a blood smear usually told the story. In this respect, Sullivan and his excellent staff of enlisted men did a fine job of diagnosis for us.

The 45th General was reasonably near us at the 6th, but has now come up into my vicinity. With them are Thompson, formerly resident at Baker, and Pinckney, who was on the West Medical in 1930. They are both fine, and keeping busy. Sterling Claiborne is right next door to us at the 43d General, from Atlanta. Tracy Mallory, Richard Clarke and Sherwin Staples all passed through here a few weeks ago, and departed for parts unknown. Dick Capps is with the 12th General, and I have seen him several times when they were still near us. Of course Pete Churchill and his surgical staff are at the surgeon's office for the theatre, and I have seen him, as well as John Stewart and Simeone on several occasions. So the MGH seems to be well represented over here.

Sincerely,

"Dutch" (Capt. A. O. Ludwig, '30).

December 10, 1943.

Necrology

1874

GEORGE GREENLEAF BULFINCH died in Boston Mass., March 14, 1944.

1875

JONAS CLARK died in Gilroy, Calif., December 30, 1943.

1882-84

MONTGOMERY ADAMS CROCKETT died in Cambridge, Mass., January 7, 1944.

1884

MYRON ANSON WARRINER died in Bridgeport, Conn., December 18, 1943.

1887

JOSEPH PAYSON CLARK died in Boston, Mass., July 21, 1940.

1888

JOHN BALDWIN WALKER died in New York City, N. Y., April 13, 1942.

1891

EDWARD ROSWELL UTLEY died in Boston, Mass., February 14, 1944.

1893

HENRY HILL HASKELL died in Carmel, Calif., February 14, 1944.

JOHN PETER TOOMEY is reported deceased.

1895

HERBERT WYCHE CRUIK-SHANK is reported deceased.

1896

RICHARD GARDNER EATON died in Sedro Wooley, Wash., January 7, 1944.

ROSCOE DAMON PERLEY died in Melrose, Mass., January 21, 1944.

1897

FRED MAURICE SPALDING died in Boston, Mass., January 24, 1944.

1898

CHARLES FRANCIS STACK died in Hyde Park, Mass., April 3, 1942.

1902

FORSTER HANSON SMITH died in Lowell, Mass., March 17, 1940.

1903-04

PAUL O'BRIEN died in Rutherford, N. J., October 19, 1943.

1905

ERNEST WASHBURN EMERY died in Denver, Colo., July 3, 1941.

1906

EDWARD PEIRSON RICHARDSON died in Boston, Mass., January 26, 1944.

1907

EDWIN LYON DRAPER died in Urbana, Ill., November 29, 1943.

CORNELIUS EDWARD GEARY died in Fitchburg, Mass., December 6, 1943.

1911

PETER LYONS HARVIE died near Troy, N. Y., February 4, 1944.

1915

HENRY WILLIAM EDWARDS died in Rochester, N. Y., January 9, 1944.

1918

RAMON MONTGOMERY VAIL died in Springfield, Mass., February 4, 1944.

ARTHUR W. WILKINSON, '38

1938

Died in Service

Lt. (j.g.) ARTHUR WILLIAM WILKINSON killed in action when the *U.S.S. Sims,* on which he was serving, was lost in the Battle of the Coral Sea, May 7, 1942 (previously reported missing in action). Entering the Naval Reserve in June, 1941, Wilkinson was commissioned Lt. (j.g.) and given the rank of assistant surgeon. After a few months at the Naval Training Station at San Diego, Cal., he was detached and assigned to the *U.S.S. Sims.* For meritorious service in line of duty he received the Order of the Purple Heart. As an undergraduate, he had earned distinction in biology. After leaving the Medical School, he served his interneship at St. Luke's Hospital in Chicago. He is survived by his wife, Patricia Mary Wilkinson.